

[[TITLE:MSA-RELEASE NOTES 4.61  
[:NUMBER:SET=1  
[:FRAME:

[[SEARCH:SPECIAL CONCERNS

[:K:Special Concerns

[[SEARCH:DIFFERENCES FROM PREVIOUS SOFTWARE RELEASE

[:K:Differences from Previous Software Release

SAIC D/SIDDOMS Doc. DS-46DA-6028

26 May 1998

RELEASE NOTES: CHCS-4.61 - MSA

This release contains changes to existing software resulting from System Incident Reports (SIRs) and new functionality resulting from Unit Development Folders (UDFs).

Release notes are included in the On Line Users Manual (OLUM) and transmitted through separate messages by system or subsystem for each software version.

## 1. SPECIAL CONCERNS

Site Operations Personnel: Be sure to read the CHCS Installation Guide for any software installation concerns.

## 2. DIFFERENCES FROM PREVIOUS SOFTWARE RELEASE

### **MSA TPOC ASCII FILE [Secondary Menu Option]**

The previous Third Party Outpatient Collection System (TPOCS) American Standard Code for Information Interchange (ASCII) download file was modified to include the Defense Medical Information System (DMIS) ID for the performing division. The DMIS ID is included at the record level. (95-2532)

[[SEARCH:Cashier Functions Menu  
[:K:...

### **CFM Cashier Functions Menu**

#### **DHE Dining Hall Collections Entry**

Previously, when Dining Hall Collections were posted, the system prompted you for the Surcharge Amount. When the Cash Collection Voucher (CCV) was generated, the system divided the amount in half and credited half to Surcharge 1 and the other half to Surcharge 2.

CHCS was modified to credit the entire surcharge amount to

Surcharge 2. Surcharge amounts entered prior to installation of this modification will remain unchanged. (SIR 21579) (SCR 95-3029)

### **OTP One Time Charges Post**

In this version of CHCS, when posting one time charges for non-DD7A patients, if you enter Ambulatory Procedure Visit (APV) in the Charge Category field, the system calculates the appropriate charges based on the patient's PATCAT, Patient Appointment and Scheduling (PAS) APV appointment, and the APU flagged Medical Expense and Performance Reporting System (MEPRS) code. The Description field displays the charge category and MEPRS code for that APV. (092411)

### **ECC Copying Charges Entry**

A field for the check number was added to the Copying Charges screen. This allows you to enter the check number when posting check payment types. The system modifies existing outputs to display the check number. (95-3535)

[[SEARCH:Cashier Action Screen  
[:K:...

### **CLK Cashier Action Screen**

Previously, when the Family Member Prefix (FMP)/Social Security number (SSN) in Patient Administration (PAD) was changed and no longer matched the Medical Services Accounting (MSA) account, you were unable to change the status of the account from "T" (Transferred to Finance) to "R" (Returned from Finance). As a result, you were unable to post one time charges, post payments, or correct any other errors within the MSA account. (SIR 25652) (SCC 960900092)

Previously, the newborn billing policy was inconsistent between the Third Party Collection (TPC) and MSA programs. If the mother and newborn had other health insurance, separate claims were established for the mother and baby under the TPC billing. However, if the mother and baby did not have other health insurance, an MSA billable account was only established for the mother unless the mother was dispositioned and the baby remained in the hospital.

As of 1 October 1996, the newborn billing policy for MSA changed to be consistent with the TPC Program. Effective 1 October 1996 or T+1 (where T was the installation date); whichever date was later, MSA billing for newborns is from the date of birth. Newborns dispositioned on or after the implementation of this change now accrue charges from the date of admission. Newborns dispositioned prior to the implementation date are processed under the old rules. A retroactive recalculation of MSA accounts was not done. (This option is also available on the PAD>ADT>ADM menu path.) (SIR 25697) (SCC 960995697)

This modification to CHCS provides the same MSA voluntary DD139 (pay adjustment authorization) statement and processing for all services. The system now allows you to generate the voluntary DD139 consent form on demand. Subsequent to nightly processing, you can also print the consent form in batch mode. (This option is also available on the MSR>139 or RSM>D139 menu path.) (SCR 95-3536)

The Invoice and Receipt (I&R) has a standard three-paragraph statement regarding payment terms. CHCS was modified to suppress the standard statement when an MSA account has a zero balance. This modification ensures invoices are generated with only the applicable payment information. (This option is also available on the MSR>IRR menu path.) (SCR 97-4337)

CHCS changed the pay mode for Marine Recruit Patient Category (M13) and Navy Recruit Category (N13) from SF1080/DD7L to DD139. The sales code for these Patient Categories has also changed, from NC (no charge) to SR (subsistence rate). (This option is also available on the MSA>RSM>D139 menu path.) (95-3333)

New functionality was added to allow you to generate an MSA UB-92 for patients normally billed at the following inpatient rates: Full Reimbursable Rate (FRR), Interagency Rate (IAR), Institute of Surgical Research (ISR), and/or International Military Education and Training (IMET). The UB-92 is a Department of Defense (DOD) insurance billing form used to bill third party insurance companies for services provided to all patients except active duty and civilian emergencies. Essentially, the MSA UB-92 works like an electronic typewriter, using system supplied and user input data to produce the MSA UB-92. A new option allowing you to produce the MSA UB-92 was added to the clerk action screen.

The MSA UB-92 Form is similar to the current TPC UB-92, with the exception that the MSA UB-92 has an "-M" appended to the patient control number (Register Number). Occupied bed days were added to both the MSA and TPC UB-92's. The MSA UB-92 is not tied to third-party (insurance) billing by the Medical Treatment Facility (MTF); therefore, the system does not create a TPC account or receivable when you generate an MSA UB-92.

In addition, all occurrences of "DD2502" and "UB82" were removed from CHCS. (95-3533)

A field for the check number was added to the Review-Post Payment screen and the Invoice & Receipt Summary Reports. This allows you to enter the check number when posting payments made by check. The system also modified previous outputs to display the check number. (95-3535)

This modification to CHCS allows you to generate an SF1049

(refunds for overpayment) when the balance of an outpatient MSA account exceeds the amount due. (This option is also available on the RSM>SF1049 menu path.) (95-3942)

In this version of CHCS, when you change an admission date through PAD Corrections Management, the change is also reflected in MSA. (SIR 27032) (SCC 970800214)

In this version of CHCS, you no longer receive a system error when posting payments for outpatients. Previously, an error occurred if the rate entered was not entered in the rate table as a variable rate. (SIR 27037) (SCC 970400051)

[[SEARCH:Office Functions Menu  
[:K:...

**OFM Office Functions Menu**  
**BCP Balance Check**

A system error no longer occurs when you run a balance check and the sales code for inactive patient categories is null or undefined. (SIR 25085)

Common site problems which previously required hours of development intervention are now automatically corrected by the balance check. Previously, the Active Accounts Receivable report did not match either of the monthly medical reports. There were missing or incorrect account status', cross references, or charge nodes, and the funds were incorrectly distributed within the account. (SIR 25785) (SCC 961000833)

A system error is no longer generated when running a balance check on group meal sales. Previously, a system error prevented that portion of the balance check from being run. (SIR 26878) (SCC 970500450)

[[SEARCH:DD7A Billing Menu  
[:K:...

**D7A DD7A Billing Menu**

CHCS created a new menu with five new options. The DD7A Billing Menu contains options that allow you to enter/edit MEPRS billing rates, view DD7A-billable patients, select and deselect billable patients, and generate a DD7A billing rate table. Options available through this menu are summarized below.

This new functionality is dependent on PAS software. After the PAS user runs the End-of-Day processing, the system process the appointment data to ensure that the accounts are DD7A billable. MSA stores the DD7A outpatient billable data in a monthly holding file which is sorted by division.

### **DTE DD7A Billing Table Enter/Edit**

The DD7A Billing Table Enter/Edit option allows you to enter and/or edit DD7A outpatient rates and inactive dates for a specific MEPRS code. The EFFECTIVE DATE field is automatically updated by the system when you enter a new rate. Two fields, DESCRIPTION and TYPE, display only and cannot be edited.

### **BTR DD7A Billing Table Report**

The DD7A Billing Table Report option allows you to generate the Outpatient MEPRS (DD7A) Rate Schedule. This report lists the MEPRS code, clinical service, and rate information, by the type of patient care.

### **PRE Preview DD7A Billing List**

The Preview DD7A Billing List option allows you to view, at any time, the list of appointments that are DD7A-billable for the current billing month. The DD7A Billing List is based on kept appointments, walk-ins, or telephone consults to clinics which have B or C level MEPRS codes. The appointments selected to appear on the current billing month report, are denoted with an asterisk (\*).

### **MBP DD7A Monthly Outpatient Billing Process**

The DD7A Monthly Outpatient Billing Process option allows you to select/deselect and preview patients to appear on the DD7A Monthly Outpatient Billing report, edit patient charges, add patients to the DD7A Outpatient Billing Selection List, and finalize the list of patient visits to appear on the DD7A Monthly Billing report. (Note: Only one user at a time can access this option.)

APV rates for DD7A patients are based on Patient Category (PATCAT). The system checks PAS software to verify that the patient's APV occurred in an MTF with a location type of "S". If so, the system records the APU flagged MEPRS code and the PATCAT, then calculates the appropriate APV rate using the third level MEPRS code. (092407)

### **DRT DD7A Billing Table Report**

The Reprint DD7A option allows you to print an automated version of the DD7A, for the current billing month. (95-3537)

[[SEARCH:Cashier/MSA Reports Menu  
[:K:...

**MSR Cashier/MSA Reports Menu**  
**139 Produce DD139**

This modification to CHCS provides the same MSA voluntary DD139 (pay adjustment authorization) statement and processing for all services. The system now allows you to generate the voluntary DD139 consent form on demand. Subsequent to nightly processing, you can also print the consent form in batch mode. (This option is also available on the CFM>CLK or RSM>D139 menu path.) (SCR 95-3536)

#### **FCV Final Cash Collection Voucher**

The system now creates an addendum of check number listings. This addendum includes the check number, check amount, account number, patient name, FMP/SSN, and sales code. The system sorts first by sales code, then alphabetically by patient name. (95-3535)

#### **IRR Invoice and Receipt**

The Grade field on the Invoice and Receipt (I&R) now correctly identifies a sponsor with a Grade/Rank of General or Admiral. (SIR 26881) (SCC 970500550)

The I&R has a standard three-paragraph statement regarding payment terms. CHCS was modified to suppress the standard statement when an MSA account has a zero balance. This modification ensures invoices are generated with only the applicable payment information. (This option is also available on the CFM>CLK menu path.) (SCR 97-4337)

#### **PTS Projected Transfer Summary**

When you run the Projected Transfer Summary report, it is now generated for the selected division. In previous versions of CHCS, when you printed the report for an Air Force division, the report may have printed the projected transfers for an Army or Navy division. (SIR 26439) (SCC 961200636)

#### **VCL Voucher Control Listing**

The 'total cash collected' balance on the Voucher Control Listing report is now accurate. Previously, a routine in the Voucher Control Log caused an incorrect Total Cash Collected report balance. (SIR 23053) (SCC 950700147)

The system no longer prints an error message when you individually select N to print an SF1049 to the screen. (SIR 27680) (SCC 980297680)

#### **WRT Accounts Written-Off**

The Accounts Written Off report now correctly displays all accounts written off for a specified period. (SIR 27312) (SCC

971000657)

[[SEARCH:Monthly Reports Menu  
[:K:...

**MRM Monthly Reports Menu**

**CBR Central Billing/Local Collection**

This modification to CHCS allows you to generate a corrected DD7L/SF1080 report for the current reporting month. (95-3333)

The Central Billing/Local Collection (CBR) option now correctly allows the user to print current records. Previously, when the user responded 'NO' at the "INCLUDE RECORDS PREVIOUSLY REPORTED?" prompt, no output was generated. (SIR 26950) (SCC 970600453)

**D10 Enlisted 1080 Report with Detail**

This modification to CHCS changed the pay mode for Veterans Administration Beneficiary (PATCAT K61) from DD7 to SF1080. The SF1080 includes data adjustments annotated with an asterisk. The asterisk displays by the patient name in the report body. The system displays explanatory text stating that the asterisk indicates adjustments to the previous month's report. Also, if numerical data has decreased in value, the system annotates the number with a minus sign in the body of the report. (95-3333)

**MMD Monthly Medical Services Activity Detail Report**

The posted copying charges, dining hall collections, group meal sales, and/or third party collections now display in either the Monthly Sales or Total Funds Collected columns on the addendum to the Monthly Medical Services Activity Detail Report. Previously, the amount did not display. (SIR 25478)

**NPM Nightly Processing Menu**

**PRT Print Nightly Reports**

When you print the Nightly Reports, the system now generates the correct delinquent letter type. Previously, at Air Force sites, the system incorrectly printed a standard delinquent letter (Type 1) for accounts that should have generated a DD139 delinquent letter (Type 2). (SIR 27204) (SCC 970700960)

This modification to CHCS prevents the system from inaccurately displaying the message, "There are no nightly reports to print." Previously, although there may have been other nightly reports queued to print, if there were no batch I&Rs and/or Transfers queued to print, the system displayed the message and did not print the reports. (SIR 27313) (SCC 970700044)

[[SEARCH:Reprint Reports Menu  
[:K:...

**RSM Reprint Reports Menu**  
**D139 DD139 Reprint**

This modification to CHCS provides the same MSA voluntary DD139 (pay adjustment authorization) statement and processing for all services. The system now allows you to generate the voluntary DD139 consent form on demand. Subsequent to nightly processing, you can also print the consent form in batch mode. (This option is also available on the CFM>CLK or MSR>139 menu path.) (SCR 95-3536)

CHCS changed the pay mode for Marine Recruit Patient Category (M13) and Navy Recruit Category (N13) from SF1080/DD7L to DD139. The sales code for these Patient Categories has also changed, from NC (no charge) to SR (subsistence rate). (This option is also available on the MSA>CFM>CLK menu path.) (95-3333)

**SF10 SF1049 Reprint**

This modification to CHCS allows you to generate an SF1049 (refunds for overpayment) when the balance of an outpatient MSA account exceeds the amount due. (This option is also available on the CFM>CLK menu path.) (95-3942)

[[SEARCH:Insurance Processing Menu  
[:K:...

**IFM Insurance Processing Menu**  
**IAP Insurance Account Processing**

A field for the check number was added to the Review-Post Insurance Payments screens. This allows you to enter the check number when posting payments made by check. In addition, the check number now displays on the I&R and the addendum to the Final Cash Collection Voucher (FCV). (95-3535)

[[SEARCH:Output Products Menu  
[:K:...

**OPM Output Products Menu**  
**BIL Form UB92**

In this version of CHCS, two alpha characters replace a two-digit numeric in the "Relationship" field on the UB92. The alpha characters designate the relationship of the insured to the policy holder. (SIR 25703)

**CRA Clinical Records Pending DRG Billing Report**

The Clinical Records Pending DRG Billing Report no longer stops printing after the first page and the header on the second page has



printed. (This option is also available on the PAD>ORM>IOUT menu path.) (SIR 23951) (SCC 951100753)

### **WRK TPC Insurance Worksheet**

In this version of CHCS, several changes were made to the TPC Insurance Worksheet. The following is the list of changes that were made:

1. The register number was added to the end of the name block in Section I. It now appears as "NAME/REG."
2. Date formats were changed from "YYMMDD" to "MMDDYY."
3. "YYMMDD" was changed to read "DDMMYY."
4. "MMDDYY" was added to all date fields.
5. If you select an episode of care, the register number will print after the patient name.
6. "Include Area Code/Extension" was changed to read "Include Area Code."
7. "INSURED" was changed to read "POLICY HOLDER."
8. Section II.f was exchanged with Section II.g.
9. Sections II.d, II.e, and, VI.d to VI.e were deleted and the lettering of section II was reordered.
10. "CHAMPUS Fiscal Intermediaries (FI's)" was changed to read "the TRICARE Support Office contractors."  
(SCR 95-3534 & 96-3809)

[[SEARCH:TPC Quarterly Output Products Menu  
[:K:...

### **QRP TPC Quarterly Output Products Menu GSC TPC Aging Schedule Report**

When you run the TPC Aging Schedule report, the correct DMIS ID number is now generated. Previously, when you printed this report, the DMIS ID number of the first inpatient division printed in the DMIS ID field, instead of the correct DMIS ID for that division.  
(SIR 26265) (SCC 970100607)

### **SAR TPC Collection Source Analysis**

Previously, when you selected the Collection Source Analysis report or the TPC Insurance Type reports, your terminal was tied up while the system did a data calculation before prompting you for the device. CHCS was modified to allow you to queue the reports before the data collection process begins, thereby freeing up your terminal.  
(SCR 96-3967)

[[SEARCH:MISCELLANEOUS  
[:K:...

### **MISCELLANEOUS**

PAD PAD System Menu  
ROM Registration Options Menu  
PMM Patient Management Menu  
MPD Merge/Transfer Patient Data

This modification to CHCS is a general patient merge fix in both PAD and MSA. Previously, the software assumed that the Division of episodes would be that of the user ordering the merge; the FMP/SSN of the duplicate patient was not being retained as the alias FMP/SSN in the correct patient's record; the SSN of the duplicate patient was being erased; and various cross references on the duplicate patient did not have the necessary kill logic. (SIR 26436) (SCC 970300518)

[[SEARCH:SUBSYSTEMS AFFECTED  
[:K:Subsystems Affected by this Release  
3. SUBSYSTEMS AFFECTED BY THIS RELEASE

The following release notes are being distributed for this software release:

CLN, DBA, DTS, FQA, LAB, MCP, MSA/TPC, PAD (Including MASCAL), PAS, PHR,  
RAD, R/IT, TOL, and WAM

